

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087292

Entity Name: L J REMODELING, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

613 ROBIN RD
#A
ORMOND BEACH, FL 32176 US

Current Mailing Address:

613 ROBIN RD
#A
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

632 ROBIN RD
#A
ORMOND BEACH, FL 32176 US

New Mailing Address:

632 ROBIN RD
#A
ORMOND BEACH, FL 32176 US

FEI Number: 98-0507260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEK, LUDOVIC
613 ROBIN RD
#A
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

ELEK, LUDOVIC
632 ROBIN RD
#A
ORMOND BEACH, FL 32176 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LUDOVIC ELEK

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELEK, LUDOVIC
Address: 613 ROBIN RD #A
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM () Delete
Name: MOLNAR, JUDIT
Address: 613 ROBIN RD #A
City-St-Zip: ORMOND BEACH, FL 32176 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELEK, LUDOVIC
Address: 632 ROBIN RD #A
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MGRM (X) Change () Addition
Name: MOLNAR, JUDIT
Address: 632 ROBIN RD #A
City-St-Zip: ORMOND BEACH, FL 32176 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUDOVIC ELEK

MGMR

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date